

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

Angela Haynes

Plaintiff

v.

**Principal Life Insurance
Company**

Defendant

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CIVIL NO.: 3:22-cv-2499

ORIGINAL COMPLAINT

TO THE HONORABLE UNITED STATES DISTRICT JUDGE:

NOW COMES Angela Haynes, Plaintiff herein, complaining of Principal Life Insurance Company, Defendant, and for cause of action would show:

1. Plaintiff is a citizen of the State of Texas and resided in the Northern District of Texas at the time she became entitled to benefits under the ERISA plan identified herein.
2. Defendant, Principal Life Insurance Company, (hereinafter referred to as "Principal") is a insurance company licensed to do business in the State of Texas, and may be served with citation herein by serving its registered agent, Corporation Service Company, 211 East 7th Street, Suite 620, Austin, Texas 78701-3218.
3. This court has original jurisdiction of this case under 28 U.S.C. § 1131 as well as 29 U.S.C. § 1132(e).

4. Venue is proper in the Northern District of Texas under 28 U.S.C. § 1391 and 29 U.S.C. § 1132(e)(2). A substantial part of the events or omissions giving rise to Plaintiff's claim occurred in the Northern District of Texas, and the plan at issue was administered in the Northern District of Texas.
5. Plaintiff brings suit under the civil enforcement provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), specifically including 29 U.S.C. § 1132 (a)(1)(B). Plaintiff is a participant in or beneficiary of an employee welfare benefit plan, which provides benefits under an insurance policy issued by Principal. Plaintiff seeks to recover benefits due under the plan, to enforce her rights under the terms of the plan, and to clarify her rights to future benefits under the terms of the plan.
6. Plaintiff further brings suit pursuant to 29 U.S.C. § 1133. After properly appealing the denial of benefits under the plan, Principal failed to provide Plaintiff a full and fair review.
7. Plaintiff was an employee of the Bill Martensen Insurance Agency, Inc. in 2018 when she became disabled. Plaintiff was determined to be disabled by the Social Security Administration under its standards as of June 25, 2018. At the time she became disabled, Plaintiff was insured for Long Term Disability benefits under a policy of insurance, issued by Principal to the Bill Martensen Insurance Agency, Inc., and insuring Plaintiff.
8. Plaintiff properly submitted a claim to Principal identified as claim number GDC-

9015597 which was approved and paid by Principal until April 17, 2020, and denied thereafter.

9. Plaintiff then properly appealed to the designated fiduciary of the plan but Plaintiff's final appeal was denied on September 8, 2021.
10. Plaintiff has exhausted the administrative remedies available to her under the plan. All conditions precedent to this cause of action have been met or have occurred.
11. The policy at issue in this case was used in Texas and subject to Chapter 1701 of the Texas Insurance Code. It was offered, issued, renewed, or delivered on or after February 1, 2011. It was changed, modified, amended, or had a rate increase on or after June 1, 2011. The policy at issue in this case does not lawfully delegate discretionary authority to Principal. Principal's benefit determinations are therefore subject to *de novo* review.

WHEREFORE, Plaintiff prays that Defendant be cited to appear herein and answer and that on final hearing, she have judgment against Defendant for her damages, plus pre-judgment and post-judgment legal interest, for costs of suit, for reasonable attorney's fees and expenses incurred and that Plaintiff have a clarification of her right to receive future benefits under the Plan, to which she may show herself justly entitled under the attending facts and circumstances.

Respectfully submitted,

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